

TRAVEL EXPENSE CLAIM

STD.262 (REV. 6-93c)

See Instructions and *Privacy

Statement below

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| | | | | | | | | | | | | | |
|--|--|--|----------------------------------|-------------------------------|---|--|---------------------------|--------------------------|---|--------------------|---------------------|--------------------------|--|
| CLAIMANT'S NAME Lynn L. Jacobs | | | | SOCIAL SECURITY NUMBER | | | | DEPARTMENT HCD | | | | | |
| POSITION Director | | | Bargaining Unit # E 99 | | DIVISION OR BUREAU Executive Office | | | | INDEX 5103 | | PCA 50001 | | |
| RESIDENCE ADDRESS | | | | | HEADQUARTERS ADDRESS 1800 Third Street, Suite 450 | | | | TELEPHONE NUMBER 916 445-4775 | | | | |
| CITY Sacramento | | | STATE CA | | ZIP CODE | | CITY Sacramento | | | STATE CA | | ZIP CODE 95811 | |

| (1) MONTH /YEAR | | (3) LOCATION WHERE EXPENSES WERE INCURRED | (4) LODGING | (5) MEALS | | | (6) INCIDENTALS | (7) TRANSPORTATION | | | | | (8) BUSINESS EXPENSE | (9) TOTAL EXPENSES FOR DAY |
|-----------------|------|--|--------------------|--------------|-------|---|------------------------|-------------------------|---------------------|----------------------------------|------------------------|--------|--------------------------------|---|
| Dec-09 | | | | BREAK-FAST | LUNCH | O.T., L/T, NC, RELO. OR DINNER | | (A) COST OF TRANS | (B) TYPE USED | (C) CARFARE TOLLS, PRKG | (D) PRIVATE CAR USE | | | |
| (2) DATE | TIME | | | | | | | | | | MILES | AMOUNT | | |
| 12/1 | | Drove to Sacramento A/P | | | | | | PC | | 12 | 6.60 | | 6.60 | |
| | 1336 | Sacramento to Burbank | 125.46 | | | 18.00 | | RC | 40.00 | | - | | 183.46 | |
| 12/2 | | Los Angeles | | | | | | | | | - | | - | |
| 12/3 | | Ventura | | 6.00 | 10.00 | 18.00 | 6.00 | 16.14 | RC | | - | | 56.14 | |
| 12/6 | | Drove to Burbank A/P | | | | | | PC | | 63 | 34.65 | | 34.65 | |
| | 2049 | Burbank to Sacramento | | | | | | PC | 54.00 | | | | 54.00 | |
| 12/9 | | Sacramento Meetings | | | | | | PC | 19.25 | 4 | 2.20 | | 21.45 | |
| 12/10 | | Drove to Sacramento A/P | | | | | | PC | | 12 | 6.60 | | 6.60 | |
| | 1305 | Sacramento to Burbank | | | | | | | | | - | | | |
| 12/11 | | Ventura | | | | | | 10.90 | RC | | - | | 10.90 | |
| 12/13 | | Drove to Burbank A/P | | | | | | PC | | 63 | 34.65 | | 34.65 | |
| | | Burbank to Sacramento | | | | | | PC | 27.00 | | - | | 27.00 | |
| | 1530 | End of Trip | | | | | | | | | - | | - | |
| | | | | | | | | | | | - | | - | |
| | | | | | | | | | | | - | | - | |
| (10) SUBTOTALS | | | 125.46 | 6.00 | 10.00 | 36.00 | 6.00 | 27.04 | - | 140.25 | 154.00 | 84.70 | - | 435.45 |

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|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|------------------|--|
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | |
| CLAIM TOTAL | | | | | | | | | | | | \$ 435.45 | |

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|--|--|---|--|
| (11) PURPOSE OF TRIP, REMARKS AND DETAILS 12/1 - Director traveled from Sacramento to Burbank for a Housing Summit at USC. 12/2 - Attended Housing Summit. 12/3 - Director met with Michael Maloney(Maloney and Associates) regarding Ventura City Affordable Housing and Lauri Flack (Deputy Director, Ventura Human Services Agency) regarding ARRA...returned rental car. 12/6 - Drove to Burbank A/P for flight to Sacramento...End of Trip 2049 hrs. 12/9 - Attended Sacramento Meetings at BTH. 12/10 - Director traveled from Sacramento to Burbank and met with Sandy Smith (Government Relations Director w/ Alston and Bird...returned rental car. 12/13 - Drove to Burbank A/P for flight to Sacramento. End of Trip 1530 hrs... | | (12) NORMAL WORK HOURS 8:00 AM - 5:00 PM | |
| | | (13) PRIVATE VEHICLE LICENSE No. | |
| | | (14) MILEAGE RATE CLAIMED 0.55 | |
| | | AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REV. FUND CHECK No. | |

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

| | | | | | |
|---|--|-------------------------|---|--|-------------------------|
| CLAIMANT'S SIGNATURE Lynn L. Jacobs | | DATE 01/05/10 | (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT Judy Nevis | | DATE 01/05/10 |
|---|--|-------------------------|---|--|-------------------------|

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|--|--|--|--|-------------|
| (17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) | | | | DATE |
|--|--|--|--|-------------|